

Skin Rejuvenation Client Questionnaire

Name: _____ Birthdate: ____/____/____
Mo Day Yr

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Cell Phone: () _____

Email: _____

How did you hear about us? _____

This information is necessary for your procedure. Please answer yes or no to the following questions:

Yes No

Are you using any prescribed medications? List _____

Are you using any herbal medications? List _____

Do you take oral anti-coagulant (blood thinning) medications? List _____

Are you allergic to any medications? List _____

Have you ever had an allergic reaction to latex, Lidocaine, Aloe?

Are you pregnant or trying to become pregnant? _____

Do you use hormone replacement therapy? _____

Do you smoke? How much? _____ How Long? _____

Do you spend a lot of time outdoors or use a tanning bed often?

Do you have any tattoos or permanent makeup?

Are you using any topical creams, lotions or oral antibiotics for acne, skin cancer, anti-aging or hyperpigmentation? _____ Please list _____

Have you ever had any of the following wrinkle fillers or implants:

Collagen Juvaderm Restylane Perlane Hylaform

Silicone Radiance

Other: _____

*If so then when was it done _____ What Area _____

Please check any health problems past or present:

Seizures Liver disease Skin cancer Hormonal Problems Diabetes Cystic Acne

High Blood Pressure Heart Problems Collagen (Lupus, Sarcoid, Scleroderma)

Other _____

Do you have any of the following chronic skin disorders?

Psoriasis Dermatitis Eczema Keloid Scarring Fever Blisters Cold Sores

Sun Blisters Herpes Simplex/Blisters

Have you ever had any of the following treatments in the past month? Yes No

Microdermabrasion Acid Peel Cosmetic Surgery Accutane

Have you had sun exposure or spray tan in the past month? Yes No

Signature _____ Date _____

The Laser Lounge

Consent For Laser Vein Removal:

I _____ (patient's name), authorize the technicians at The Laser Lounge Inc. to perform Laser Vein Removal treatment(s) on me.

I understand that serious complications are rare but possible. Common side effects include temporary redness, swelling and mild "sunburn" like effects that may last a few hours to 3-4 days or longer on the treated area. Other potential risks include itching, Pain, Bruising, Burns, infection, scabbing, blistering, Hypopigmentation, Hyperpigmentation, scarring and failure to achieve the desired result(s). Initial _____

I understand that I will need multiple treatments to achieve my desired results. Individual response will vary according to skin types, degree of tanning, follow up care, and the body area being treated.

I understand that treatment can be painful, but this is typically managed without any pain relief medication. Discomfort generated by that laser pulse is most commonly described as a rubber band snapping against the skin. Topical anesthetics are available to decrease any perceived discomfort. Unprotected sun exposure in the weeks following treatments is contraindicated as it may cause or worsen this condition. Blistering of the skin may occur. Scarring happens but is uncommon.

Lasers can cause eye injury and protective eyewear must be worn during treatment. I understand that sun or tanning lamp exposure and not adhering to the post-care instructions provided to me may increase my chances of complications.

I understand that no refunds will be given for treatments or for packages paid in advance. All laser packages are per person and cannot be shared/transferred to someone else. Initial _____

No Call/No Show appointments will be charged a \$40.00 fee, And/Or the treatment areas scheduled for that missed appointment will be deducted or removed from that package. Initial _____

Patient Signature

Date



Laser Vein Removal

Pre and Post Treatment Information

Before Your Treatment:

- Avoid tainting the areas with either direct sun exposure or artificial tanning products for at least 3-4 weeks before your laser treatment
- Shave the areas at least 24 hours prior to your vein laser treatment
- Do not apply lotion/creams prior to having your laser treatment

After Your Treatment:

- The areas that were treated with laser may appear as if they were “scratched”. There may be multiple “scratched like” marks on the area. This is a very normal side-effect for the laser and usually subsides within 72 hours after laser treatment.
- Please avoid exercise hot tub saunas jacuzzi and hot bath for at least 48 hours after your laser treatment.
- Most patients require between two to three treatment sessions to be clear the vessel the laser will only treat smaller veins in capillaries and cannot be used on larger varicose veins.
- Please do not shave loofah or scrub the area for 48 hours after your laser treatment it is OK to use lotions after laser treatment.
- It can take up to 12 weeks for the vessels that were treated to fade or disappear. Please be patient with this process and schedule your follow up treatment for 10 weeks from your first vein treatment.

If you have any questions or concerns, contact our office at 401-588-4330



Laser Leg Vein Removal

Pre and Post Treatment Information

Before Your Treatment:

- Avoid tainting the areas with either direct sun exposure or artificial tanning products for at least 3-4 weeks before your laser treatment
- Shave the areas at least 24 hours prior to your vein laser treatment
- Do not apply lotion/creams prior to having your laser treatment

After Your Treatment:

- The areas that were treated with laser may appear as if they were “scratched”. There may be multiple “scratched like” marks on the area. This is a very normal side-effect for the laser and usually subsides within 72 hours after laser treatment.
- Please avoid exercise hot tub saunas jacuzzi and hot bath for at least 48 hours after your laser treatment.
- Most patients require between 2-3 treatment sessions to be clear the vessel the laser will only treat smaller veins in capillaries and cannot be used on larger varicose veins.
- Please do not shave loofah or scrub the area for 48 hours after your laser treatment it is OK to use lotions after laser treatment.
- Please do not wear high heel shoes for at least 48 hours after your laser treatment. Please bring comfortable shoes to go home in after your laser treatment.
- Compression stockings are recommended for the first 1-2 weeks after treatment.
- It can take up to 8-10 weeks for the vessels that were treated to fade or disappear. Please be patient with this process and schedule your follow up treatment for 10-12 weeks from your first leg vein treatment.

If you have any questions or concerns, contact our office at 401-588-4330